

# CLARK COUNTY DEPARTMENT OF AIR QUALITY & ENVIRONMENTAL MANAGEMENT 4701 W. Russell Rd., Second Floor

Las Vegas, Nevada 89118 Phone: (702) 455-5942 Fax: (702) 383-9994

## **RECORDS REQUEST FORM**

Please read instructions on reverse side before completing this form.

(1)				REQUEST	ING DART	VINEOE	MATION					
				REQUEST	ING PARI	TINFOR	MATION					
Name:									hone:			
Company:								F	ax:			
Address:												
City:	State:						Z	ip:				
Email:												
DOCUMENT TYPE												
☐ Dust Control Perr ☐ Stationary Source ☐ A ir Monitoring Da ☐ Enforce ment Acti	Phase I Environmental Assessment  Air Quality Inspection Documents  A sbestos Notification  Other:					□ н	Water Quality Planning Record Habitat Conservation Plan Record Land Disturbance Permit					
(3)				PUBLIC	RECORD	INFORM	ATION					
Dates of Records:			om To		or			&	& &		1	
Business Name or Property Owner:					Per			Permit #	ermit # (if known):			
Project Name (if applicable	e):						1					
Property Address:							City:			Zip:		
Assessor's Parcel Number:												
(4)					OTHE	R						
(5) RECORD FORMAT & DELIVERY OPTIONS												
Record Format: # of Copi	es	☐ Paper c	ору	☐ Electro	onic copy	(pdf)	□ CD		☐ Othe	r 🗌 In	spection only	
Method of delivery: ☐	USPS	Mail First Class			Priority Ma	ail	☐ Email	☐ Fax	☐ In Of	fice Pickup		
(6)					SIGNAT	URE						
I hereby request the Clark County DAQEM provide the above-described public records for inspection, copying, and/or or other reproduction.												
Requestor's Signature:					Date:							

#### INSTRUCTIONS FOR COMPLETING RECORDS REQUEST FORM

Our Web site, <a href="http://www.accessclarkcounty.com/depts/airquality/pages/default.aspx">http://www.accessclarkcounty.com/depts/airquality/pages/default.aspx</a>, has many records available for do wnload that do not require use of this form. To other wise request inspection and/or copies of public records, please use the following instructions to complete the Records Request Form on the reverse side. Please fill out this form completely and be specific about the records you are requesting. Incomplete forms may delay the processing of your request. Refer to Nevada Revised Statutes (NRS) Chapter 239 for more information on public records.

#### (1)

#### **REQUESTING PARTY INFORMATION**

Identify the person and/or company requesting the records, including the address and telephone number. If you are requesting the information on behalf of a company, please list the name of the individual responsible for this request.

(2) DOCUMENT TYPE

Check the box that indicates the type of records you are seeking. If the records you seek are not listed, please check the "other" box and provide a description in Section 4 - Other.

#### (3)

#### **PUBLIC RECORD INFORMATION**

Use this section to describe the information you are seeking. Please be as specific as possible.

Date range of request: Specify a date range of the documents requested, if applicable.

Business Owner/Property Owner: Enter the name of the company, permittee, or property owner, if known.

Permit #: If this request is related to a permit, please enter the permit number, if known.

Project Name: Please indicate the project or facility name.

*Property Address:* Enter the site address of the subject property, facility, or project. *Assessor's Parcel Number:* Use this to identify the parcel information, if known.

(4)

**OTHER** 

Please use this section for any other information and specifics that might help identify the records you seek.

#### (5)

#### **RECORD FORMAT & DELIVERY OPTIONS**

Record format: Check the box that indicates your preferred record format.

Delivery options available: Check the box that indicates your preferred delivery option. If requesting records be sent via email, please provide your email address.

(6)

## **SIGNATURE**

The form be signed by the requesting party identified in Section 1.

### **CLARK COUNTY DAQEM FEE SCHEDULE**

Research, retrieval, and copying: (1) no charge for p ersonnel time or ma terials if process takes 30 m inutes or less; or (2) if process takes more than 30 minutes, staff will notify requestor of the total fee amount, as calculated in accordance with the fee schedule below before preparing the requested information. Upon requestor's payment of the fee, staff will complete the request.

	FEE			
Extraordinary use of personnel for research and	Administrative staff: actual cost (approximately \$32.00/hour)			
retrieval of documents	Professional staff: actual cost (approximately \$52.00/hour)			
Geographic Information Systems (GIS):	Pursuant to NRS 239.054, requests for inform ation from GIS will include actual costs associated with: gathering and entry of data into system; maintenance and up dating of the database; hardware; software; quality control; and consultation of GIS staff. As per NRS 239.055, copies of a public record from a GIS that will require agency personnel to expend extraordinary use of staff time to copy such documents, the requestor will pay the costs for extraordinary use of personnel as shown above.			
Paper copies	Black/white copies: 2 cents per page			
	Color copies: 8 cents per page			
CD or DVD (data, audio, video)	\$2.00 per CD/DVD			
Mailing Costs				
Electronic/fax	No Charge			
USPS/FedEx/UPS or equivalent	Actual Cost			